

APPLICATION: PRESCHOOL AND KINDERGARTEN

Arden Presbyterian Preschool and Kindergarten
2215 Hendersonville Road
Arden, NC 28704 828-684-7256

ALL CHILDREN THREE YEARS AND OLDER MUST BE POTTY TRAINED.

CHILD: name _____ male__ female__ nickname _____
date of birth _____ birthplace (city, state) _____
address (number, street) _____ home phone _____
(city, zip code) _____

PARENTS:

FATHER- name _____ occupation/employer _____
work phone _____ cell phone _____
church _____ e-mail _____

MOTHER- name _____ occupation/employer _____
work phone _____ cell phone _____
church _____ e-mail _____

SESSION APPLYING FOR: _____ Tues./Thurs. 2 year olds
_____ Tues./Thurs. 3 year olds _____ Pre-k (Mon. thru Fri.) 4 year olds
_____ Mon./Wed./Fri. 4 year olds _____ Kindergarten

August 31 of school year is the birthdate cutoff for each age group.

A non-refundable registration fee of \$65 is due upon receipt of this application.
All classes are filled on a first come first served basis.

FOR OFFICE USE ONLY

Completed application received: _____ fee paid: _____ cash/check# _____
SCHOOL YEAR: _____ CLASSROOM: _____
OMY _____

Please list others in the home: adults _____

siblings/ages _____

pets/names _____

Please list any unusual fears, special traits or experiences the teacher may need to know about: _____

Please list any allergies your child may have, his/her reaction to exposure, and procedure to follow in the event of exposure: _____

List any health problems that would restrict your child's school activities: _____

child's doctor/phone number: _____

child's dentist/phone number: _____

PERMISSION TO SHARE PERSONAL INFORMATION (NAMES, PHONES, E-MAILS) WITH CLASSROOM PARENTS: _____ YES _____ NO

EMERGENCY CONTACT WHEN PARENTS CAN'T BE REACHED: (NAME, RELATIONSHIP, PHONE NUMBER) _____

IN AN EMERGENCY, ARDEN PRESBYTERIAN PRESCHOOL MAY TRANSPORT MY CHILD BY ANY MEANS NECESSARY TO AN APPROPRIATE MEDICAL FACILITY.

PARENT SIGNATURE _____